This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$					
	ALLOCATION NUMBER					
1-15-21						

## SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	2020/2									
B Owner	List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	VOLCANO VISION INC									
				03039020202						
				030390 2020/2						
	PO BOX 1070 PINE GROVE CA 95665-1070									
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•								
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	or the system, if ai	Trerent from the address gi	ven in space B.						
<b>5,</b> 5.6	1									
	MAILING ADDRESS OF CABLE SYSTEM:									
	(Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and r	elist on page 1b						
Area	with all communities.	•	•							
Served	CITY OR TOWN	STATE								
First	IONE	CA								
Community	Below is a sample for reporting communities if you report multiple ch									
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alliance	MD	A	1						
	Alliance Gering	MD MD	В	3						
		HID		<b>J</b>						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
VOLCANO VISION INC			030390						
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
IONE	CA			First					
BUENA VISTS	CA			Community					
PINE GROVE	CA								
PIONEER	CA		***************************************						
WEST POINT	CA								
CAMANCHE	CA			See instructions for					
KIRKWOOD	CA			additional information on alphabetization.					
				Add rows as necessary.					
			***************************************						
				1					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

VOLCANO VISION INC

SYSTEM ID#

030390

# E

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
<ul> <li>Service to first set</li> </ul>		\$	44.30				
<ul> <li>Service to additional set(s)</li> </ul>		\$	2.99	Limited Basic		\$	48.64
<ul> <li>FM radio (if separate rate)</li> </ul>				Family Pack		\$	70.64
Motel, hotel		\$	19.00	Basic Pack		\$	114.64
Commercial		\$	30.50	Select Pack		\$	122.64
Converter				Deluxe Pack		\$	128.64
<ul> <li>Residential</li> </ul>		\$	2.99	Premium Pack		\$	169.80
<ul> <li>Non-residential</li> </ul>							

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
• First set		Burglar protection		
<ul> <li>Additional set(s)</li> </ul>		Other services:		
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$ 20.00	
Converter		Disconnect		
		Outlet relocation	\$ 20.00	
		<ul> <li>Move to new address</li> </ul>	\$ 75.00	

LEGAL NAME OF OWN					0\/07511	,, [		
		STEM:			SYSTEM ID:	Name		
VOLCANO VISI	ION INC				030390	,		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial educational multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see								
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.								
Note: If you are utilizing	ng multiple cha	•	EL LINE-UP	•	n channel line-up.	_		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE						
KCRA		STATION	, ,	CARRIAGE (If Distant)	6. LOCATION OF STATION			
	3	STATION N	, ,		6. LOCATION OF STATION  Sacramento, CA			
KCRA-ME TV	3 3.2		,					
KCRA-ME TV KMAX		N	No		Sacramento, CA	additional information		
	3.2	N	No No		Sacramento, CA Sacramento, CA			
KMAX	3.2 31	N N-M I	No No No		Sacramento, CA Sacramento, CA Sacramento, CA	additional information		
KMAX KOVR	3.2 31 13	N N-M I N	No No No		Sacramento, CA Sacramento, CA Sacramento, CA Sacramento, CA Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA	3.2 31 13 13.2 58	N N-M I N I-M	No No No No No		Sacramento, CA Sacramento, CA Sacramento, CA Sacramento, CA Sacramento, CA Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I	3.2 31 13 13.2 58 58.2	N N-M I N I-M	No No No No No		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I	3.2 31 13 13.2 58 58.2 58.3	N N-M I N I-M	No No No No No No No No No		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I KQCA Estrella KSPX-ION	3.2 31 13 13.2 58 58.2 58.3 29	N N-M I N I-M I-M I-M I	No		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I KQCA Estrella KSPX-ION KSPX-QUBO	3.2 31 13 13.2 58 58.2 58.3 29 29.2	N N-M I N I-M I-M I-M I-M	No		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I KQCA Estrella KSPX-ION KSPX-QUBO KSPX-ION Life	3.2 31 13 13.2 58 58.2 58.3 29 29.2 29.3	N N-M I N I-M I-M I-M I	No N		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I KQCA Estrella KSPX-ION KSPX-QUBO KSPX-ION Life KTXL	3.2 31 13 13.2 58 58.2 58.3 29 29.2 29.3 40	N N-M I N I-M I-M I-M I-M I-M I-M I-M I	No N		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I KQCA Estrella KSPX-ION KSPX-QUBO KSPX-ION Life KTXL KTXL-Antenna	3.2 31 13 13.2 58 58.2 58.3 29 29.2 29.3 40 40.2	N N-M I N I-M I-M I-M I-M I-M I-M I-M I-M	No N		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I KQCA Estrella KSPX-ION KSPX-QUBO KSPX-ION Life KTXL	3.2 31 13 13.2 58 58.2 58.3 29 29.2 29.3 40	N N-M I N I-M I-M I-M I-M I-M I-M I-M I-M I-M	No N		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I KQCA Estrella KSPX-ION KSPX-QUBO KSPX-ION Life KTXL KTXL-Antenna	3.2 31 13 13.2 58 58.2 58.3 29 29.2 29.3 40 40.2	N N-M I N I-M I-M I-M I-M I-M I-M I-M I-M	No N		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I KQCA Estrella KSPX-ION KSPX-QUBO KSPX-ION Life KTXL KTXL-Antenna KTXL-Court TV	3.2 31 13 13.2 58 58.2 58.3 29 29.2 29.3 40 40.2 40.3	N N-M I N I-M I-M I-M I-M I-M I-M I-M I-M I-M	No N		Sacramento, CA	additional information		
KMAX KOVR KOVR Start TV KQCA KQCA Heroes & I KQCA Estrella KSPX-ION KSPX-QUBO KSPX-ION Life KTXL KTXL-Antenna KTXL-Court TV KVIE	3.2 31 13 13.2 58 58.2 58.3 29 29.2 29.3 40 40.2 40.3 6 6.2	N N-M I N I-M I-M I-M I-M I-M I-M E	No N		Sacramento, CA	additional information		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030390 **VOLCANO VISION INC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant) **KXTV** 10 Sacramento, CA Ν No KXTV-TJN 10.2 N-M No Sacramento, CA

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030390 **VOLCANO VISION INC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant) **KCRA** Yes 0 3 Ν Sacramento, CA KCRA-ME TV 3.2 N-M Yes 0 Sacramento, CA **KMAX** 31 I Ε Yes Sacramento, CA **KOVR** 0 13 Ν Yes Sacramento, CA **KOVR Start TV** 0 13.2 I-M Yes Sacramento, CA I 0 **KQCA** 58 Yes Sacramento, CA **KQCA Heroes &** 58.2 I-M Yes Ε Sacramento, CA 0 **KQCA** Estrella 58.3 I-M Yes Sacramento, CA Ε 29 ı **KSPX-ION** Yes Sacramento, CA **KSPX-QUBO** 29.2 I-M Yes Ε Sacramento, CA **KSPX-ION Life** 29.3 I-M 0 Yes Sacramento, CA Ε **KTXL** 40 Yes Sacramento, CA 40.2 KTXL-Antenna I-M Yes Ε Sacramento, CA 0 KTXL-Court TV 40.3 I-M Yes Sacramento, CA Ε **KVIE** Ε 6 Yes Sacramento, CA KVIE 2 Ε Sacramento, CA 6.2 E-M Yes **KVIE 3 PBS Kids** 6.3 E-M 0 Yes Sacramento, CA

**KVIE 4 World** 

6.4

E-M

Yes

Ε

Sacramento, CA

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030390 **VOLCANO VISION INC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 4. DISTANT? 1. CALL 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **CARRIAGE CHANNEL** SIGN OF (Yes or No) **NUMBER STATION** (If Distant) **KXTV** 10 Yes Ε Sacramento, CA Ν **KXTV-TJN** 10.2 N-M Ε Sacramento, CA Yes

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030390 **VOLCANO VISION INC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION **KVGC** FM Jackson, CA

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF		EM:				SYSTEM ID#	Name		
VOLCANO VISION INC	,					030390	Name		
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	<b>3</b>					
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting po	eriod, under sp	ecific present and former Fo	CC rules, regu	ılations, or authorizatior	ns. For a further	Substitute		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the prog	ram			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant state gulations, cution. Do not be used to be	attach addition nnetwork televion and that your or authorization of use general BA Basketball: deast live, enter station broades on's location (tons, if any, the when your system a program carrollisted program ons in effect d	nal pages.  vision program (substitute pour cable system substitute ins. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls."  er "Yes." Otherwise enter "lasting the substitute prograte community to which the community with which the stem carried the substitute or carried the substitute or carried by your ried by a system from 6:01:  In was substituted for program was carried for program was substituted for program was substitut	orogram) that ed for the pro- neral instruction "basketball" No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	ensed by the FCC or, in it is the times accurate the numerals, with the man accurate the saccurate that the times accurate the saccurate that the times accurate the saccurate that the man accurate the saccurate that the sa	g station er n onth tely red			
9	LIRSTITLIT	E PROGRAM	1		EN SUBSTITUTE	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
					_				
					_				
					_				
					_				
					_				
					_				
					_				
					_				
					_				
					_				
					_				

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **VOLCANO VISION INC** 030390 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name				
VO	LCANO VISION INC		030390	Nume				
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmission	service	<b>K</b> Gross Receipts				
	Gross receipts from subscribers for secondary transmission service(s)		705 507 00					
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross	<b>725,527.69</b> s receipts)					
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul>								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1 c	ıf					
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in b	olock					
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on lin	ne					
	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K							
	Line 2. Multiply the amount in line 1 by 0.01064		720,027.00					
	Enter the result here. This is your minimum fee.	<b> </b>	7,719.61					
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period of the property of the p	nn 4, you must check	k					
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	<b>\$</b>	1,811.34					
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	1,811.34					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	7,719.61	Cable systems				
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r	0.00	submitting additional deposits under				
	Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	8,444.61	form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the		additional 1665.				

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OW		STEM:		SYSTEM ID#					
	VOLCANO VI	SION INC			030390					
<b>M</b> Channels		•	1) the number of channels on which the cable system carried televis cable system's total number of activated channels, during the accoun							
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	2. Enter the total	al number of a	ctivated channels							
		•	arried television broadcast stations	370						
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  to									
Be Contacted for Further Information	Name <b>Mic</b>	hael Bear		Telephone <b>209-296-1428</b>						
	Address PO (Num		oute, apartment, or suite number)							
		IE GROVE,	CA 95665							
	Email	micha	elb@volcanotel.com Fax (optional	) 209-296-6329						
0	CERTIFICATION	(This statem	nt of account must be certifed and signed in accordance with Copyri	ght Office regulations.)						
Certifcation	• I, the undersign	ned, hereby cer	fy that (Check one, but only one, of the boxes.)							
	(Owner other	er than corpora	tion or partnership) I am the owner of the cable system as identifed in li	ne 1 of space B; or						
			corporation or partnership) I am the duly authorized agent of the owner hat the owner is not a corporation or partnership; or	er of the cable system as identified						
		<b>partner)</b> I am a of space B.	officer (if a corporation) or a partner (if a partnership) of the legal entity is	dentifed as owner of the cable systen	1					
		ete, and correct	of account and hereby declare under penalty of law that all statements of o the best of my knowledge, information, and belief, and are made in goo							
		X	/s/Brenda Shepard							
		(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this st John Smith). Before entering the first forward slash of the /s/ signature, place en type /s/ and your name. Pressing the "F" button will avoid enabling Excel	your cursor in the box and press the "	F2"					
	Typed or printed name: Brenda Shepard									
		Title:	CFO (Title of official position held in corporation or partnership)							
		Date:	January 15 2021							

**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	YSTEM ID#	Name						
VOLCANO VISION INC	030390							
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."								
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.								
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?								
X NO								
YES. Enter the total here and list the satellite carrier(s) below								
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address								
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayme For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	nt.	Q						
Line 1 Enter the amount of late payment or underpayment		Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-							
X Line 3 Multiply line 2 by the number of days late and enter the sum here	days -							
x 0.00274	4							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,								
space L, (page 7)	rge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleat contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.								
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the origin filing.	al							
Owner Address								
First community served  Accounting period								
ID number								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

**ACCOUNTING PERIOD: 2020/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
I	VOLCANO VISION INC					030390					
	SUM OF DSEs OF CATEGORY "O" STATIONS:  • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.  5.00										
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).										
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs										
Category "O"											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KCRA	0.250									
	KMAX	1.000									
	KOVR	0.250									
	KQCA	1.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Add rows as	KSPX-ION	1.000									
necessary.	KTXL	1.000									
Remember to copy	KVIE	0.250	***************************************								
all formula into new	KXTV	0.250									
rows.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
					***************************************						
			***************************************								

			<b>=</b>
	I		

Name	VOLCANO VI	SION INC					S	030390
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should c Column 3: Column 4: be carried out a Column 5: give the type-v Column 6:	t the call sign of all distated For each station, give to the correspond with the information of the color of	he number of hours ye mation given in space he total number of houmn 2 by the figure in mal point. This is the station, give the "type dumn 4 by the figure in the station.	our cable systeme J. Calculate onlurs that the static column 3, and gifbasis of carriage -value" as "1.0." In column 5, and g	carried the station of the station of the case of the state of the sta	on during the accounting ach station. In the air during the accounting the accounting the accounting the accounting the account the accounting the accountin	unting period. is figure must cational station, ess than the	
Capacity		C	CATEGORY LAC	STATIONS: C	COMPUTATIO	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R 3. NU JRS OF ED BY ST	MBER HOURS ATION I AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	E
			÷	=		X	=	
			÷ ÷	=		x	=	
			÷	=		x	=	
			÷	=		x	=	
			÷ ÷	=		X X	=	
			÷	=		X	=	
	Add the DSEs o	OF CATEGORY LAC S f each station. n here and in line 2 of p			▶	0.00		
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Was carried tions in effect tions in effect space I).</li> <li>Column 2: F at your option. T Column 3: E Column 4: D</li> </ul>	et on October 19, 1976 ( the or more live, nonnetwone or each station give the this figure should correct the number of days divide the figure in column	itution for a program as shown by the lette ork programs during the number of live, nonn spond with the inform in the calendar year an 2 by the figure in contact.	that your system r "P" in column 7 hat optional carrial etwork programs ation in space I. a 365, except in a column 3, and give	was permitted to of space I); and ge (as shown by t carried in substite leap year.	ograms) if that station: delete under FCC rules he word "Yes" in column 2 tution for programs that of umn 4. Round to no less the general instructions in	of were deleted s than the third	rm).
		SU	BSTITUTE-BASI	S STATIONS	: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-	=			÷		
						÷		=
						÷		=
		-				÷		=
	Add the DSEs o	OF SUBSTITUTE-BAS f each station. n here and in line 3 of p	IS STATIONS:			0.00		=
5		R OF DSEs: Give the am applicable to your system		in parts 2, 3, and 4	4 of this schedule	and add them to provide		
Total Number		DSEs from part 2 ●			<b>&gt;</b>		5.00	
of DSEs		DSEs from part 3 ●			<u>.</u>		0.00	
	3. Number of	DSEs from part 4 ●			<b>&gt;</b>		0.00	
	TOTAL NUMBER	R OF DSEs				<b>-</b>		5.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

VOLCANO VIS		SYSTEM:					S	YSTEM ID# 030390	Name
Instructions: Bloc In block A: • If your answer if ' schedule. • If your answer if '	"Yes," leave the re	mainder of p	·	7 of the DSE schedu	ule blank and	complete par	t 8, (page 16) of th	e	6
o ii your ariswer ii	No, complete blo	icks b and c		TELEVISION MA	ARKETS				Computation of
effect on June 24,  Yes—Com	1981?	schedule—D C below.	O NOT COMP	ler markets as defin	NDER OF PAI	RT 6 AND 7.	CC rules and regu	lations in	3.75 Fee
		BLO	CK B: CARE	RIAGE OF PERM	III IED DSI	=S			
Column 1: CALL SIGN	under FCC rules	and regulations  e DSE Scheme	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of the 25, 1981. For furthe letter M below refuct of 2010.)	ther explanation	on of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rule) A Stations carried 76.61(b)(c)] B Specialty station C Noncommerical D Grandfathered instructions for E Carried pursuants *F A station pre-	lles and regued pursuant to as defined all educations distation (76.6 or DSE sched ant to individuations) HF station w	lations cited be to the FCC mar  I in 76.5(kk) (70 lal station [76.5865) (see paragule).  Jual waiver of Ford on a part-time ithin grade-B co	ne or substitute basi contour, [76.59(d)(5)	e in effect on 3, 57, 76.59(b), (1), 76.63(a) referring to stitution of grads prior to June	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] ndfathered st	6.63(a) referring to 6.61(e)(1) ations in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			orksheet on page 1	14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN KCRA	BASIS <b>A</b>	0.25	SIGN KVIE	BASIS	0.25	SIGN	BASIS		
KMAX	Ā	1.00	KXTV	A	0.25				
KOVR	A	0.25							
KQCA	Α	1.00							
KSPX-ION	Α	1.00							
KTXL	Α	1.00							
								5.00	
		E	BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ove					
				of DSEs subject to 7 of this schedule		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space I	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  VOLCANO VISION INC  030390										NI a see a
	1. CALL	2. PERMITTED		A: TELEVIS	SION MARKETS 2. PERMITTED			2. PERMITTED	3. DSE	6
	SIGN	BASIS	0. DOL	SIGN	BASIS	0. DOL	SIGN	BASIS	0. DOL	
										Computation of 3.75 Fee
<mark></mark>										
<mark></mark>										
<mark></mark>										

LEGAL NAME OF OWNER VOLCANO VISION		E SYSTEM:				<u> </u>	030390	Name
В	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRII	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		JP	•		
COMMUNITY/ AREA	Sacram	nento DSE		COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	E CALL SIGN DSE CALL SIGN DSE CALL SIGN				DSE	of	
				KCRA	0.25			Base Rate Fee
				KMAX	1.00			and
				KOVR	0.25			Syndicated
				KQCA	1.00			Exclusivity
				KSPX-ION	1.00			Surcharge
				KTXL	1.00			for
				KVIE	0.25			Partially
				KXTV	0.25	_		Distant
					0.20			Stations
								Stations
Total DSEs			0.00	Total DSEs			5.00	
Gross Receipts First Group \$ 673,730.82			,730.82	Gross Receipts Sec	ond Group	\$	51,796.87	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	1,811.34	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···					_		
	···							
	···		<u> </u>					
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	•	0.00	Gross Receipts Fou	urth Group	<u> </u>	0.00	
Gioss Receipis Tillia G	поир	•	0.00	Gioss Receipts Fot	irtii Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add th								

**Nonpermitted 3.75 Stations** 

LEGAL NAME OF OWNE VOLCANO VISION		E SYSTEM:	•			SY	STEM ID# 030390	Name
В	SLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP			•		
COMMUNITY/ AREA	Sacram	nento DSE		COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
						—		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 673	730.82	Gross Receipts Secon	Gross Receipts Second Group \$ 51,796.87			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon		\$ SUBSCRIBER GROUP	0.00	
	THIRD	SUBSCRIBER GROU						
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						—		
			•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.00			0.00	
		Ŀ				Ľ		
Base Bate Esta A. C.			.!!	an abases to the t	<b>L</b>			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Enter here and in block 3, line 1, space L (page 7)  \$ 0.00								